

Form SAB-810

1. DEPARTMENT OF COMMUNITY HEALTH

Approval is requested for the following:

- | | | | |
|----|---|-----------------------------------|---|
| 1) | Tendercare (Michigan), Inc.
DBA Birchwood Nursing
Traverse City, MI | \$ 2,023,356.00 | Total
100% Federal Funds
Specialized nursing home
unit for the severely
mentally ill |
| 2) | Southeastern Michigan Health
Association
Detroit, MI | \$ 357,509.00
\$ 12,137,459.00 | Amendment
New Total
100% GF/GP
Increased grant funds for
various community health
service projects |
| 3) | Various Vendors
(listing on file) | \$ 1,000,000.00 | Total
100% Federal Funds
Grants to various local
weatherization vendors |

For 3), a listing needs to be provided on a separate page with all of the vendors' names and the amount of their grants/contracts. The listing should also show the total of the grants/contracts and that total is what should be listed above. Also, any boxes on the contract abstract that have information that varies by contract/grant, should contain "see listing" and that information should be on the attached listing.